

AFFIRMATIVE MARKET PROGRAM (AMP) PLAN FORM

Pursuant to *Executive Order 390*, any contract with a potential financial benefit of \$50,000 or more requires a bidder to complete applicable sections of this form and include the required attachments for consideration in the scoring of their submission for any contracting opportunity with the Commonwealth of Massachusetts.

Bidders must submit one form for each M/WBE AMP Relationship.

Bidder Name: Digital Resources Group, LLC	
RFR Name/Title: PCI DSS Compliance	RFR Number: CTRPCI2007
Contact Name: Jim Cowing	
Phone: (650) 638 - 3350	Fax: (775) 855 - 5042
Email address: Jim.cowing@drsgsf.com	
Company Address: 1710 South Amphlett Blvd. , Ste 112, San Mateo, CA 94402	
Is bidder SOMWBA certified? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Applied for certification <input type="checkbox"/>	

Affirmative Market Program Partner (not bidder)

M/WBE Contact Name:	
M/WBE Company Name:	M/WBE Company Address:
M/WBE Telephone:	M/WBE Email:

AMP Partner's SOMWBA Certification Status. Please Check Only One Per Form:

MBE ☐ WBE ☐ M/WBE ☐ M/W Non Profit ☐ Applied for certification ☐

Certification Expiration Date (copy of certification letter must be attached): _____

Check type of business relationship here that applies to AMP Partner and complete appropriate section below (1-5):

- ☐ 1. Subcontract: include verification of expenditure commitments and written agreement.
- ☐ 2. Growth & Development: enclose plan for education, training, mentoring, resource sharing, other initiatives.
- ☐ 3. Ancillary: submit verbal or written expenditure commitments.
- ☐ 4. Past Performance: credit for past expenditures with certified M/WBEs (for previous 2 years).
- ☐ 5. Additional Creative Initiatives: further use of at least one certified MBE and one WBE AMP Partner.

1. Please complete this section ONLY if the business relationship is Subcontract (as defined within the scope of the RFR):

Note: All Subcontracting Partnerships **require** a written agreement between bidder & M/WBE that includes a description of all commodities or services to be acquired from subcontractor and to be presented as part of the AMP Plan submission. It is required that bidders commit a specific dollar amount or a minimum percentage of dollars earned through an awarded contract.

Committed Expenditures or Percentage Year 1:
Committed Expenditures or Percentage Year 2:
Committed Expenditures or Percentage Year 3:
Committed Total Expenditures or Percentage For All Years In the Contract

2. Please complete this section ONLY if the business relationship is Growth & Development:

Note: Bidders should provide a narrative here that describes your approach in building the capacity of the M/WBE, including deliverables or measurable outcomes and anticipated dates of completion which can be validated during the contract. (Attach additional pages as necessary):

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3. Please complete this section ONLY if the business relationship is Ancillary:

Note: Bidders should provide a description of commodities or services Ancillary AMP Partner will provide (continue on additional pages as necessary):

Committed Expenditures: Year 1: \$

Committed Expenditures: Year 2: \$

Committed Expenditures: Year 3: \$

Committed Total Spend for Use in Contract:

Description of commodities/services to be provided by Ancillary Partner:

4. Please complete this section for consideration ONLY relating to Past Performance (or historical spending with certified M/WBEs within the last 2 years):

List Name (s) of Certified M/WBE Vendor (s):

Circle Certification Status of Vendor (s): MBE WBE M/WBE MNPO WNPO

Description of all expenditures for commodities or services (attach additional pages as necessary):

Reporting Year: Total Expenditure:

Reporting Year: Total Expenditure:

5. Please complete this section for consideration ONLY relating to any Additional Incentives:

Please provide a description of any current creative approaches to partnering with certified businesses (attach additional pages as necessary):

Certification: I hereby certify under the pains and penalties of perjury that the information above is correct, to the best of my knowledge:

Signature of Authorized Signatory of Bidder:

Date:

7/18/07

Signature Redacted for security

Print Name:

Jim Cowing

Title:

Managing Director

Business Name:

Digital Resources Group, LLC
1710 South Amphlett Blvd, Ste 112
San Mateo, CA 94402

Business Address:

Updated 11/1/05

CONSULTANT CONTRACTOR MANDATORY SUBMISSION FORM

COMPLETE THE FOLLOWING ONLY FOR CONSULTANT CONTRACTS
(Within HH and NN and UU Object Classes)

Bidder: Digital Resources Group, LLC

RFR Name/Title: PAYMENT CARD INDUSTRY (PCI) DATA SECURITY STANDARDS (DSS)
COMPLIANCE

RFR Number: # CTRPCI2007

Additional Income Disclosure. Pursuant to the provisions of M.G.L. c. 29, s. 29A, the following amounts represent any contracts, grants or other income due from the Commonwealth of Massachusetts, including any political subdivision or public authority, during the period of a contract. You may attach additional sheets as necessary.

☒ Please check if N/A.

Disclosure of Persons with Financial Interest (other than the bidder). Pursuant to the provisions of M.G.L. c. 29, s. 29A and c. 7A, s. 6, the following individuals have a financial interest in a contract and/or with more than one percent (1%) interest in the capital stock of the contractor. You may attach additional sheets as necessary.

☒ Please check if N/A.

Key Personnel. Attach a resume or statement of qualifications for all key personnel specifically named in bidder's response to be assigned to the performance of a contract.

Attached

☐ Please check if N/A.

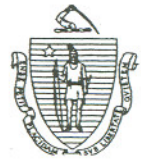
The information submitted herein is certified by the bidder to be accurate under the pains and penalties of perjury.

Signature of Authorized Signatory for Bidder: _____

Title of Authorized Signatory for Bidder: Managing Director

Date: 7-18-07

Issued May
2004



CONTRACTOR LEGAL NAME : DIGITAL RESOURCES GROUP, LLC
CONTRACTOR VENDOR/CUSTOMER CODE:

INSTRUCTIONS: Any Contractor (other than a sole-proprietor or an individual contractor) must provide a listing of individuals who are authorized as legal representatives of the Contractor who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf. In addition to this listing, any state department may require additional proof of authority to sign contracts on behalf of the Contractor, or proof of authenticity of signature (a notarized signature that the Department can use to verify that the signature and date that appear on the Contract or other legal document was actually made by the Contractor's authorized signatory, and not by a representative, designee or other individual.)

NOTICE: *Acceptance of any payment under a Contract or Grant shall operate as a waiver of any defense by the Contractor challenging the existence of a valid Contract due to an alleged lack of actual authority to execute the document by the signatory.*

For privacy purposes **DO NOT ATTACH** any documentation containing personal information, such as bank account numbers, social security numbers, driver's licenses, home addresses, social security cards or any other personally identifiable information that you do not want released as part of a public record. The Commonwealth reserves the right to publish the names and titles of authorized signatories of contractors.

AUTHORIZED SIGNATORY NAME	TITLE
<u>James Cowing</u>	Managing Director

I certify that I am the President, Chief Executive Officer, Chief Fiscal Officer, Corporate Clerk or Legal Counsel for the Contractor and as an authorized officer of the Contractor I certify that the names of the individuals identified on this listing are current as of the date of execution below and that these individuals are authorized to sign contracts and other legally binding documents related to contracts with the Commonwealth of Massachusetts on behalf of the Contractor. I understand and agree that the Contractor has a duty to ensure that this listing is immediately updated and communicated to any state department with which the Contractor does business whenever the authorized signatories above retire, are otherwise terminated from the Contractor's employ, have their responsibilities changed resulting in their no longer being authorized to sign contracts with the Commonwealth or whenever new signatories are designated.

Signature _____

Date: 7-18-07

Title: Managing Director

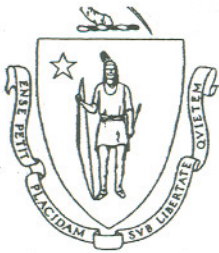
Telephone: 650-638-3350

Fax: 775-855-5042

Email:jim.cowing@drgsf.com

[Listing can not be accepted without all of this information completed.]

A copy of this listing must be attached to the "record copy" of a contract filed with the department.



COMMONWEALTH OF MASSACHUSETTS
Prompt Pay Discount Form
(Invoice discounts for receiving fast payments)

Revised 3/9/07

Bidder Name: Digital Resources Group LLC
Vendor Code (VCUST): VC0000390523
Contract/RFR Number(s): CTRPCI2007

Prompt Payment Discounts (PPD). All contractors/vendors doing business with the Commonwealth must provide a Prompt Payment Discount (PPD) for receiving early payments unless the Contractor/vendor can provide compelling proof that providing a prompt pay discount would be unduly burdensome. Contractors benefit from PPD by increased, usable cash flow as a result of fast and efficient payments for commodities or services rendered. Contractors who agree to accept Electronic Funds Transfer (EFT) increase the prompt pay benefit by ensuring that funds are paid directly to their designated bank accounts, thus eliminating the delay of check clearance policies and traditional mail lead time. Payments processed through the state accounting system (MMARS) can be tracked and verified through the Comptroller's Vendor Web system using the Vendor/Customer Code assigned to you by a Commonwealth department.

The Commonwealth benefits because contractors reduce the cost of products and services through the applied discount. While Bidders/Contractors have flexibility in determining the actual % discount(s) offered to the Commonwealth, the discount(s) must be identified for 10, 15, 20 and/or 30 days for payment issuance in the column entitled "% Discount Off Proposed Price" below. The Commonwealth may use the prompt pay discounts submitted as a basis for selection and may negotiate discounts as deemed in the best interest of the Commonwealth. The requirement to offer PPD discounts may be waived by the Commonwealth on a case-by-case basis if participation in the program would be unduly burdensome, provided the specific reason for the hardship is outlined below.

All discounts offered will be taken in cases where the payment issue date is within the specified number of days listed below and in accordance with the Commonwealth's Bill Paying Policy. Payment days will be measured **from** the date goods are received and accepted / performance was completed OR the date an invoice is received by the Commonwealth, whichever is later to the date the payment is issued as an EFT (preferred method) or mailed by the State Treasurer. The date of payment "issue" is the date a payment is considered "paid" not the date a payment is "received" by a Contractor.

If internal Bidder/Contractor systems require an alternate method of measuring payment issue dates, the Bidder/Contractor must note the issues below or on an attached page if necessary to be considered by the PMT. In cases where the Bidder/Contractor considers that offering a Prompt Payment Discount would be a hardship, the Bidder must clearly define the issues and reasons for said hardship. *Providing volume discounts or other discounts on prices is not considered a hardship, since the PPD provides the additional benefit of early cash flow for the Contractor.*

Enter the Prompt Payment Discount percentage (%) off the invoice payment, for each of the payment issue dates listed, if the payment is issued within the specified Payment Issue days. For example:

5% - 10 Days
4% - 15 Days
3% - 20 Days
2% - 30 Days

If no discount is offered enter 0%

Prompt Payment Discount %	Payment Issue Date w/in
%	10 Days
1%	15 Days
%	20 Days
%	30 Days

The Contractor is unable to provide a prompt payment discount due to the following hardship:

Contractor/Bidder Authorized Signature _____ Date: _____

Contractor/ Bidder Authorized Signatory Print Name and Title: _____